



**Power-Up! Health Fitness Performance**  
**(315)717-5712**

**Medical Clearance Form for Fitness Training and/or Fitness Assessment**

Dear \_\_\_\_\_

\_\_\_\_\_ would like to participate in a Fitness Training program consisting of resistance training, cardiovascular training, flexibility training, balance training, core training, reactive training and/or engage in a Fitness Assessment consisting of assessment of cardiorespiratory endurance, muscular endurance, dynamic as well as static postural analysis, range of motion/flexibility, reactive abilities, balance and functional mobility, and body composition (body fat %, BMI, girth measurements).

During the Pre-Activity Screening it was noted that a request for medical clearance was necessary prior to engagement of an exercise program and/or fitness testing for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you please choose the appropriate response below and/or write down any recommendations that you may have?

- 1. There are no contraindications to participate in a moderately vigorous exercise program.
- 2. Participation in a moderately vigorous exercise program is approved; however, please note the following restrictions, limitations, conditions, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Participation in a moderately vigorous exercise program is inadvisable.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participants Signature \_\_\_\_\_ Date \_\_\_\_\_